As a student in the Skills Lab, I understand and agree to the following guidelines:

1. I will be prepared to participate in the laboratory experience upon arrival having read assigned text(s), watching skills videos, etc.

2. I will NOT eat, drink, chew gum, have my cell phone, or smoke in the skills lab.

3. I will use all lab equipment and models appropriately. If I have any questions or problems, I will contact my lab instructor.

4. Under no circumstances may I remove any material from the skills lab.

5. I acknowledge only students enrolled in the class are allowed into the skills lab. Absolutely NO children will be allowed in the skills lab.

6. I will report any incidents immediately, no matter how minor, to my instructor.

7. I will return all materials and equipment to the appropriate place when I am finished in the skills lab.

8. I may only access the skills lab during schedule laboratory sessions or posted open lab hours. I understand an instructor will be present during all lab experiences.

9. I will follow aseptic techniques while in the skills lab including handwashing before and after lab and disinfecting equipment after use.

10. I understand any violation of these rules may result in denial of lab access.

Student Name (Printed): ___________________________ Date: ______________________

Student Signature: _______________________________

Admit Term/Year: ________________________________
As a student in the Simulation Lab, I understand the significance of confidentiality with respect to information concerning simulated patients, scenarios and fellow students. I will uphold the requirements of the Academic Honesty Code. This code requires that all students act with integrity in the performance of their academic work.

I agree to adhere to the following guidelines:

_____ All patient information is confidential and any inappropriate viewing, discussion, or disclosure of this information is a violation of the Academic Honesty Code and the Simulation Laboratory Policy.

_____ This information is privileged and confidential regardless of format: electronic, written, overheard or observed.

_____ I understand that there is a continuous audiovisual digital recording in the Simulation Laboratories and debriefing rooms. I consent to audiovisual digital recording while I am present in the lab and debriefing rooms. I understand that the recordings will be shown only for educational, research or administration purposes. No commercial use of the audiovisual recording will be made without my written permission.

_____ I may view, use, disclose, or copy information only as it relates to the performance of my educational duties. Any inappropriate viewing, discussion, or disclosure of this information is a violation of institutional policy.

_____ The simulation lab is a learning environment. All scenarios, regardless of their outcome, should be treated in a professional manner. The faculty and students participating in the scenario should have everyone’s respect and attention. Situations simulated in the lab are to be used as a learning tool and not to be used for humiliation of fellow students.

_____ The simulation manikins are to be used with respect and be treated as if they were live patients.

Signature below states that you have read and agree to the Student Agreement for Simulation.

Printed Name: __________________________________________________________

Signature: ______________________________________________________________

Instructor: ______________________________________________________________

Course Name: ____________________________ Date: ________________________

Initiated: September 2014
Last Reviewed: January 2018
Last Revised: June 2019